

Food Service Establishment Licensure Requirements

Dear Food Licensee,

Please utilize the following checklist to assist you in meeting all Food Service Establishment Licensure requirements for the Town of Brookfield prior to submittal:

REQUIRED DOCUMENTATION: *unless specified otherwise*

- ☐ Complete License Application
- ☐ License Fee
- ☐ Current Copy of Menu
- ☐ Current & Complete Water Quality Test Results (within the last 6 months)
- ☐ Alternate Person in Charge Demonstrated Knowledge Statement (keep a copy on site)
- ☐ Qualified Food Operator Certificate & Signature ***-Required for Class III/IV only***
- ☐ Floor Plan of the Premises *-only for alterations or new establishment*

Please notify us in writing should there be any changes made to your operation (menu, QFO, floor plan, etc.) during the licensing period. **DO NOT** mail your license application to the Health Department. ***Our hours of operation are: Monday through Friday 8:00 a.m. – 4:00 p.m., and Thursday 8:00 a.m. – 6:00 p.m.***

Thank you in advance for your cooperation with our Food Service Establishment Licensing procedure. Please feel free to call the office at (203) 775-7315 with any questions.

Very truly yours,

The Brookfield Health Department

Office Use Only:

Name of Establishment: _____

Classification: _____ Fee Due: _____ Date Due: _____

You must file your application with the Brookfield Health Department by the "date due" to avoid a 50% late fee and possible revocation of your food license. Please note license classification and fee may change after review of all documentation.



**TOWN OF BROOKFIELD
HEALTH DEPARTMENT**

100 Pocono Road ▪ Brookfield, CT ▪ 06804
Phone: 203-775-7315 Fax: 203-740-7677
www.brookfieldct.gov

Office Use Only:

Fee Paid: ☐ YES ☐ NO

Approved by _____

Date _____

LICENSE# _____

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE ESTABLISHMENT

☐ LICENSE RENEWAL ☐ CHANGE OF OWNERSHIP ☐ NEW BUSINESS ☐ OPERATIONAL CHANGE

Property ID# _____

Personal Property Tax ID# _____

***Tax Collector:** ☐ Approved ☐ Denied

Signed: _____ Date: _____

NAME OF ESTABLISHMENT _____ PHONE _____

STREET ADDRESS _____ FAX _____

TYPE OF OPERATION: ☐ Restaurant ☐ Deli ☐ Café ☐ Catering ☐ Day Care ☐ Elderly Nutrition
☐ Bakery/Ice Cream ☐ Convenience ☐ Other _____

(Class designation will be determined by the Brookfield Health Department after review of required documentation).

NAME OF OWNER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CELL _____ EMAIL _____

All information and correspondence is to be sent to: *check* ☐ Owner or ☐ Establishment

PUBLIC HEALTH ALERTS TO: Email _____ or Fax _____

NAME OF QUALIFIED FOOD OPERATOR(s): _____

DESIGNATED ALTERNATE PERSON IN CHARGE *Class III & IV only:* _____

of Food Preparation Employees: _____ (*QFO is responsible for employee training and documentation*)

*Class III and IV only must have a Certified QFO in a full time supervisory position. The certification must be from a state approved testing agency in Connecticut. A copy of QFO certificate(s) must be submitted with this application.

HOURS OF OPERATION: M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____

TYPE OF SEWAGE DISPOSAL: ☐ Septic System ☐ Town Sewer

SOURCE OF WATER SUPPLY: ☐ On- Site Well ☐ Public Water Company

The CT State Department of Public Health Drinking Water Section regulates well water supplies for food service operations. Compliance with requirements and water quality is required prior to issuance of a Food Service License and will be evaluated during food service inspection.

I certify that the above information is correct. I agree to abide by State and Local regulations regarding food service. **Licenses are not transferable.** Please note: a fee of \$75.00 is required for failed re-inspections.

Signature of Applicant & Title

Date

Verification of Q.F.O Certification and Food Worker Personnel Training

I certify that, as the Q.F.O for the above named food establishment, I have trained all food personnel in the areas of factors contributing to foodborne illness: food time / temperature control, food protection, personal health and cleanliness, sanitation of facility, equipment, supplies and utensils. I further certify that *written documentation* of this training is available to the local Health Director or his/her designee upon request.

Signature of Q.F.O

Date

NOTICE: FEE FOR SECOND REINSPECTION

In the event of a failed reinspection to verify correction of health code violations, a fee of **\$75.00** will be charged. This must be paid at the time of reinspection. (Section 10, Brookfield Food Service Establishment Licensing Ordinance).

Signature of Owner / Operator

Date

Change of Ownership

I certify that I am the owner of the food service establishment or the owner's legal representative. I understand that prior to change in ownership or in business name, a new application must be forwarded to the Health Department (Licenses are not transferable).

Signature of Owner / Operator

Date

Town of Brookfield Health Department
Food Service Establishment Licensing Ordinance: §9. Water Analysis
Required Parameters for Complete Potability Water Testing

<u>Parameter</u>	<u>Limit</u>
Total Coliform	0 organisms
Nitrate	10.0 mg/l
Nitrite	1.0 mg/l
Sodium	28.0 mg/l
Chloride	250.0 mg/l
Iron	0.3 mg/l
Manganese	0.05 mg/l
Hardness	no limit
Turbidity	5 NTU
pH	6.4 – 8.5
Sulfate	250.0 mg/l
Color	no limit
Odor	2

If Nitrate levels exceed the limit of 10.0 mg/l, then the following pesticides must be tested for and their levels must be within established limits:

Alachlor
Atrazine
Dicamba
Ethylene Dibromide (EDB)
Metolachlor
Simazine
2, 4-D

*Failure to submit such water analyses shall subject the owner or operator of such establishments to a ***fine of \$100.00*** and the suspension of the establishment's license to operate. Such a food service establishment shall remain closed until submission of the water test results.

Alternate Person in Charge

Demonstrated Knowledge Statement

(Must keep a copy in food establishment for inspector review)

Pursuant to Public Health Code (PHC) Section 19-13-B42(s)(8)(B) and 19-13-B49(t)(7)(B), the owner or manager of the food service/catering food service establishment shall designate an alternate person who has demonstrated the elements of knowledge and competency listed below, as per PHC Section 19-13-B42(s)(6), 19-13-B42(t)(5), to be in charge at all times when the qualified food operator cannot be present.

The alternate person in charge shall be responsible for ensuring that all employees comply with the regulations and that foods are safely prepared, handling emergencies, admitting the inspector, and receiving and signing the inspection report.

A signed statement must be provided by the owner/operator of the food service or catering food service establishment (as applicable), attesting that the alternate person in charge has demonstrated knowledge of food safety as specified below.

(A) ELEMENTS OF KNOWLEDGE

- (i) IDENTIFY FOODBORNE ILLNESS – DEFINE TERMS ASSOCIATED WITH FOODBORNE ILLNESS; RECOGNIZE THE MAJOR MICROORGANISMS AND TOXINS THAT CONTAMINATE FOOD AND THE PROBLEMS THAT CAN BE ASSOCIATED WITH THE CONTAMINATION; DEFINE AND RECOGNIZE POTENTIALLY HAZARDOUS FOODS; DEFINE AND RECOGNIZE ILLNESS THAT CAN BE ASSOCIATED WITH CHEMICAL AND PHYSICAL CONTAMINATION; DEFINE AND RECOGNIZE THE MAJOR CONTRIBUTING FACTORS FOR FOODBORNE ILLNESS; RECOGNIZE HOW MICROORGANISMS CAUSE FOODBORNE DISEASE.
- (ii) IDENTIFY TIME/TEMPERATURE RELATIONSHIP WITH FOODBORNE ILLNESS – RECOGNIZE THE RELATIONSHIP BETWEEN TIME/TEMPERATURE AND MICROORGANISMS (SURVIVAL, GROWTH, AND TOXIN PRODUCTION); DESCRIBE THE USE OF THERMOMETERS IN MONITORING FOOD TEMPERATURES.
- (iii) DESCRIBE THE RELATIONSHIP BETWEEN PERSONAL HYGIENE AND FOOD SAFETY – RECOGNIZE THE ASSOCIATION BETWEEN HAND CONTACT AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN PERSONAL HABITS AND BEHAVIORS AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN HEALTH OF A FOOD HANDLER AND FOODBORNE ILLNESS; RECOGNIZE HOW POLICIES, PROCEDURES AND MANAGEMENT CONTRIBUTE TO IMPROVED FOOD HYGIENE PRACTICES.
- (iv) DESCRIBE METHODS FOR PREVENTING FOOD CONTAMINATION FROM PURCHASING TO SERVING – DEFINE TERMS ASSOCIATED WITH CONTAMINATION; IDENTIFY POTENTIAL HAZARDS PRIOR TO DELIVERY AND DURING DELIVERY; IDENTIFY POTENTIAL HAZARDS AND METHODS TO MINIMIZE OR ELIMINATE HAZARDS AFTER DELIVERY.
- (v) IDENTIFY AND APPLY CORRECT PROCEDURES FOR CLEANING AND SANITIZING EQUIPMENT AND UTENSILS – DEFINE TERMS ASSOCIATED WITH CLEANING AND SANITIZING; APPLY PRINCIPLES OF CLEANING AND SANITIZING; IDENTIFY MATERIALS,

EQUIPMENT, DETERGENT, SANITIZER; APPLY APPROPRIATE METHODS OF CLEANING AND SANITIZING; IDENTIFY FREQUENCY OF CLEANING AND SANITIZING.

- (vi) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH FACILITY, EQUIPMENT, AND LAYOUT – IDENTIFY FACILITY, DESIGN, AND CONSTRUCTION SUITABLE FOR FOOD SERVICE ESTABLISHMENTS; IDENTIFY EQUIPMENT AND UTENSIL DESIGN AND LOCATION.
- (vii) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH TEMPERATURE CONTROL, PREVENTING CROSS CONTAMINATION, HOUSEKEEPING AND MAINTENANCE – IMPLEMENT SELF INSPECTION PROGRAM; IMPLEMENT PEST CONTROL PROGRAM; IMPLEMENT CLEANING SCHEDULES AND PROCEDURES; IMPLEMENT EQUIPMENT AND FACILITY MAINTENANCE PROGRAM.
- (viii) IDENTIFY AND RECOGNIZE THE FOODS MOST COMMONLY ASSOCIATED WITH FOOD ALLERGIES.

(B) ELEMENTS OF COMPETENCY

- (i) ASSESS THE POTENTIAL FOR FOODBORNE ILLNESS IN A FOOD SERVICE ESTABLISHMENT – PERFORM OPERATIONAL FOOD SAFETY ASSESSMENT; RECOGNIZE AND DEVELOP STANDARDS, POLICIES AND PROCEDURES, SELECT AND TRAIN EMPLOYEES; IMPLEMENT SELF AUDIT/INSPECTION PROGRAM; REVISE POLICY AND PROCEDURE (FEEDBACK LOOP); IMPLEMENT CRISIS MANAGEMENT PROGRAM.
- (ii) ASSESS AND MANAGE THE PROCESS FLOW – IDENTIFY APPROVED SOURCE; IMPLEMENT AND MAINTAIN A RECEIVING PROGRAM; IMPLEMENT AND MAINTAIN STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN PREPARATION PROCEDURES; IMPLEMENT AND MAINTAIN HOLDING/SERVICE/DISPLAY PROCEDURES; IMPLEMENT AND MAINTAIN COOLING AND POST PREPARATION STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN RE-SERVICE PROCEDURES; IMPLEMENT AND MAINTAIN TRANSPORTATION PROCEDURES.

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I _____ attest that _____
(PRINT name of Owner or QFO) (PRINT name of Alternate Person in Charge)

is employed as the alternate person in charge and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title _____ Date _____
(SIGNATURE of Owner or QFO of the Establishment)

Signature and Title _____ Date _____
(SIGNATURE of Alternate Person in Charge)

Name of Establishment _____

Address of Establishment _____
